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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Midwest Values PAC PO Box 583232 ADDRESS (number and street) (Check if address is changed) Minneapolis 55458 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS shellihesselroth@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://midwestvaluespac.org (Check if address is changed) DATE 2018 C00416131 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Borman, Thomas, , , Type or Print Name of Treasurer Borman, Thomas, , , [Electronically Filed] 01 16 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

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TYPE OF COMMITTEE Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candid	ate information below.)
(b) This committee is an authorized committee, and is NOT a principal campinformation below.)	paign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an au	thorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization)	zation on line 6.) Its connected organization is a
Corporation Corporation w/o Capit	al Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and	is NOT a separate segregated fund or party
committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor o	n line 6.)
	······································
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disbu committees/organizations, at least one of which is an authorized committee	
(h) This committee collects contributions, pays fundraising expenses and disbut committees/organizations, none of which is an authorized committee of a fee	
Committees Participating in Joint Fundraiser	
1.	ID number C
2. FEC	ID number C
3. FEC	ID number C
4	D number

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Write or Type Committee Nan		. 290 0
Midwest Value		
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadershin PAC Sponsor
_	Organization, Anniated Committee, Joint Fundacising Representative,	, or Leadership i Ao Sporisor
Franken, AI, , ,		
Mailing Address	PO Box 583232	
	Minneapolis	55458
	CITY STATE	ZIP CODE
_		ZII OOBE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponso
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the p	erson in possession of committee
	oth, Shelli, , ,	
Full Name	PO Box 583232	
Mailing Address		
		55450
	Minneapolis	55458
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		
3. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	; and the name and address of
Full Name Borman,	Thomas, , ,	
of Treasurer		
Mailing Address	PO Box 583232	
	Minneapolis	55458
Title or Position	CITY STATE	ZIP CODE
Treasurer		

9.

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Full Name of Designated Agent	Hesselroth, Shelli, , ,	
Mailing Address	PO Box 583232	
	Minneapolis MN 55458	
	CITY STATE ZIP	CODE
Title or Position Assistant Treas	surer Telephone number =	
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds accoxes or maintains funds. Depository, etc.	ounts, rents
	Bremer Bank	1
Mailing Address	2100 Bremer Tower	
Ç	445 Minnesota Street	
	Saint Paul MN 55101	
	CITY STATE ZIP	CODE
Name of Bank,	Depository, etc.	
	Venture Bank	
Mailing Address		
	Ste 120	
	Bloomington MN 55437	
	CITY STATE ZIP	CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected Franken MVPs	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 583144		
		Minneapolis	MN	55458
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint F	undraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
				1
	TITLE OR POSITION	CITY ▲	STATE A	ZIP CODE A
	TITLE OR POSITION	Y		ZIP CODE A
	Banks or Other Depositor safety deposit boxes or ma	Tele	STATE ▲	
	Banks or Other Depositor safety deposit boxes or matching Name of Bank, Depository, etc.	ries: List all banks or other depositories in which that intains funds.	STATE ▲	
	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	STATE ▲	
	Banks or Other Depositor safety deposit boxes or matching Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds. ational Bank 2029 Century Park East B Level	STATE A	s funds, holds accounts, rents
	Banks or Other Depositor safety deposit boxes or matching Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds.	STATE ▲	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisi n	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representati	ve, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE 4	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Jo	nt Fundraising Represer	ntative Leadership PAC Sponsor
8	Designated Agent: Identify	/ by name_address (phone number – optional)		
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositorsafety deposit boxes or mail	CITY A	Telephone Number	